The Six Steps of End of Life Care

Step 1 – Discussions as the End of Life approaches

How did you prepare the environment to facilitate the discussion to take place? Was it agreed by all individuals involved?

Introduce yourself and confirm they received a letter from the manager initiating this meeting.

Explain that it is your role to listen and respond to key questions and cues from the relative. Explain that there are lots of factors that can affect an individual's view on death and dying but all views will be respected.

Discuss that sometimes factors relating to views on death and dying can impact on practice and it is so important that we can work together to agree a care pathway at this early stage in planning so we have something in place to guide us through more difficult times.

Explain that our aims and principles of life care are to fulfil the wishes of (resident's name) and his/her family as far as possible to do so, to endure pain free and dignified and compassionate care.

Identify that there are many ways to support individuals and others at end of life – hence why we are supporting you all now having this discussion and talking through the many ways we can help and the many professionals and organisations we work with closely.

We want you to support you and others to identify the losses you may experience and according to your preferences and wishes we want to help and support you communicate these losses. We would like to support the individual through each stage of grief you may experience, we will provide you

with information on how you access support services for those experiencing loss and grief.

Explain how mental capacity could affect end of life care and why it is so important to get NOK views and experiences of discussions on wishes and preferences held in the past. This discussion now can therefore form part of a best interests meeting supported by our local GP. State that throughout the discussions by the individual(s) were listening and interacting by giving examples.

Step 2 – Assessment, Care Planning and Review

- Identify if there are any advance care planning or decisions to refuse treatment in place – we will need a copy
- Has a DNACPR been discussed? Can we discuss it now. Our GP and purse practitioner can help and support you with this if you prefer.
- Admission to hospital. What is their views? Can we offer advice here and guidance on what we can do here at Hawkinge House.
- Outline the importance of information sharing and why with their consent to pass on information about the individual's wishes, needs and preferences for their end of life care. Explain our care planning system and medical records on residata to support them through our GP surgery. Would they like access to residata if they do not have this already.
- Discuss spirituality and how this is very different from religion
- Explain how it is an individual experience and quite often discussing EOL care may prompt lots of thoughts and wishes not previously explored.
- How can we support the individual with any spiritual needs and by whom these can be addressed
- Take action to ensure the individual's spiritual well- being is recognised appropriately in their care plan. Access resources and information to support the individuals spiritual well being.
- Discuss organ donation.

Step 3 – Co-ordination of Care

- Demonstrate a range of techniques to provide symptom relief i.e. Oral analgesia, patches, injections, syringe drivers, oxygen therapy, complimentary therapies such as massage, aromatherapy, sensory/relaxation
- Are there anticipatory medications in place
- Are there any cultural beliefs that we need to know regarding managing symptoms
- We will identify and recognise symptoms indicating last few days of life may be approaching, eg. Lethargy, not eating or drinking, fluid retention, lack of responsiveness
- Explain how symptom management is an important part of the care planning process
- Explain that symptoms are regularly monitored and any changes are reported to the GP or out of hours – 24 hour support service is available for symptom management
- Registered nurses are at Hawkinge House 24/7 who can implement any symptom control measures to ensure comfort at all times.
- Explain that we have a range of assessment tools for monitoring pain in individuals, including those with cognitive impairment
- Identify that key relationships are essential to effective EOL care. We are supported by proactive GP and nurse practitioner, community nursing service, Pilgrim's Hospice, Out of Hours service, NHS 111, Consultant Psychiatrist, on call registered manager 24/7, access to the multidisciplinary team, spiritual support.
- Name any individuals involved in care
- After life wishes, burial or cremation. Is funeral director known?
- Is there a DOLS in place? Document the protocol regarding contacting coroner and the police here.

Step 4 – Delivery of high Quality Care

- Explain that quality care will be delivered in a dignified environment
- Highlight that sufficient and appropriate resources to support everyone are available at all times, day and night.
- Describe that many of our staff have attended additional training in EOL care as well as ALL care staff completing EOL care mandatory e-learning courses here at Hawkinge House, to help reassure family of the skill set and experience we have to offer.
- Explain that we have received many testimonials from families expressing their gratitude for excellent EOL care that was provided.
- Highlight that we audit EOL care pre and post death to help us learn or improve upon any of our actions or practices.
- EOL care will be reviewed daily and families views and evaluation sought so we all continue to deliver quality outcomes as agreed
- The views of external professionals will be sought regularly to ensure a collaborative approach is taken so families feel supported and reassured.
- Explain that we are supported by a very helpful GP and nurse practitioner who are available to speak to the family if they wish to provide additional support.
- The individual will be treated with dignity and respect throughout
- Explain we have access to support from other health and social care services making the best use of resources.

Step 5 – Care in the last days of life

- Identification of the dying phase – “Palliative care” and the deactivation of all other care domains. EOL care domain only one remaining
- Ensure any advanced care planning is instigated, respecting the wishes and preferences of the individual
- Discuss pain and symptom management reassuring families that the individual can remain here at Hawkinge House and no need to be transferred to a hospital setting.
- Ensure appropriate comfort measures are put in place in the final hours of life for both the individual and/or family, according to the wishes of everyone such as - background music, soft lighting, family facilitated to stay over, provision of meals and drinks for family, assistance given to contact other relatives. Please identify what these comfort measures are.
- Assist with any spiritual needs if expressed.
- Discuss the withdrawal of any treatments. Discuss the stopping of medications via the GP
- Are there any groups or individuals in the wider community that need to be contacted at this time to support the spiritual needs and preferences of the individual?
- What would the family prefer us to do when death has occurred? Have they any specific wishes eg. Some individuals and families request that a window be left open so the spirit can be set free.
- Explain the immediate procedure following a death if a DOLS is in place.
- Explain that staff and others will accept and respond sensitively to the individual’s wishes, choices and spiritual needs.
- Recognition of wishes regarding resuscitation and organ donation.

Step 6 – Care after death.

- Implement actions immediately after a death that respect the individual's preferences and wishes.
- Follow the wishes of the individual for care after death if an advanced care plan was in place.
- Ensure timely verification and certification of death or referral to coroner.
- Ask the family is there anything more we can do for them
- Please state here funeral directors details and anyone else who needs to be contacted.
- Ensure DOLS protocol is followed if there is one in place.
- Ensure last offices is performed, with dignity and respect.
- Is there anything specifically expressed by the family, wishes or preferences, that the staff at Hawkinge House should do?
- Inform the family that as much time as possible will be afforded to them to pay their last respects.
- Support will be given to the family to ensure the deceased will be transferred to funeral directors of choice in a timely manner with respect and dignity maintained.
- A card of condolence will be sent to the family on behalf of Hawkinge House.